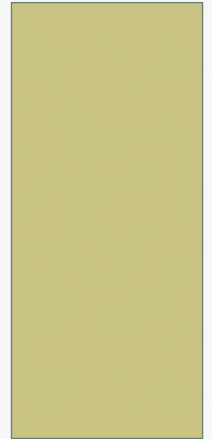


REPORT TO THE TRANSITION TEAM:

BLUE RIBBON COMMISSION ON CHILD PROTECTION

ASTRID HEGER, MD – OCTOBER, 2014



HUB ASSESSMENT

- **Goal:**

- Identify each Hub's strengths and weaknesses and potential for implementing accessible and appropriate services to foster children and children at risk for foster care or under the supervision of DCFS within their own homes.

- **BRC Recommendation:**

- All children entering foster care should be screened by Medical Hub.
- Children under DCFS supervision should have ongoing health care within a Hub.

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Services:**

- Immediate screening examinations for any child detained by DCFS prior to their placement in foster care.
- Immediate Forensic assessments either provided by or supervised by Child Abuse Pediatricians (CAP's).
- Ongoing access to follow-up and health care as a Medical Home for children both in foster care and those who are identified as at risk through referrals to the HUB.
- Care coordination for all children receiving care at a Hub.
- Integration of prevention strategies through networking with Community Organizations, such as schools and other advocacy groups.

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Staff:**
- Access to Child Abuse Pediatricians and Adequate professional staff to provide these services including integration of CAP's as providers or case reviewers into each HUB.
- Administrative staff unique to the Hub.
- Integrated DCFS staff co-located to cover all hours a given Hub is open.
- PHN's at each HUB to follow up on no-shows and to facilitate the ongoing health needs of high risk children.
- Potential for assigning PHN's to respond with DCFS to children who are under five.
- Case coordinators (may be DCFS or DHS staff)

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Space:**
- Adequate to meet the needs of children requiring: Universal Screening exams at the time of detention; examination rooms for forensic examinations (including appropriate equipment) and to create a medical home for the children under DCFS supervision.
- Staff space----
- Each Hub should have a child friendly Waiting Room
- Room for mental health services.

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Mental Health:**
- On site with access to both crisis intervention at the time the children are brought to the HUB and
- Bridge of services until the child and family can become attached to a DMH provider in their geographic area.

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Support Services:**
- **Medical:** access to appropriate X-ray and laboratory support; ability to quickly access specialty consultations as well as to admit patients to the hospital when necessary.
- **Case Coordination:** Every HUB needs to have appropriate staff to follow – up on the health and mental health of all foster children and to coordinate their ongoing progress through the system.
- **Financial:** Focused efforts to expedite the registration of patients as well as working within the managed care system to have children assigned to the HUB's as the primary provider.
- **Legal:** Clarify and revise the current legal restrictions i.e. consent issues that impact the ability of the HUB's to evaluate and treat children as needed.
- **Patient support:** Address issues of parking, ease of access, quality of the service and interventions by staff.

WHAT EVERY HUB SHOULD BE ABLE TO PROVIDE:

- **Other:**
- Need community support for each HUB that can provide the needed commodities that can help families (both biological and foster) support the children under their supervision I. e. Non-profit community groups who can provide help with housing, clothing, food and transportation.
- Identify existing County charitable organizations that focus support on Foster children and engage their involvement in helping to provide these services to the children in foster care.
- Involve the local Foundation community in addressing specific needs of the individual HUB.
- Integrate legal advocacy for families in each HUB.
- Universal Fetal Alcohol Spectrum Disorder Screen at all HUB's.
- Integrate prevention strategies into each HUB

COUNTY-WIDE RESPONSIBILITIES

- Acknowledge that these children are important and require a range of services that do not fit into traditional primary care model.
- **Mandate immediate universal screenings** for all children detained by DCFS at the time of detention. Make available follow-up assessments within 72 hours at the HUB closest to placement.
- Create a **consistent protocol and standard of intake**, assessment and follow-up care for all the HUB's. for example: All children reported by mandated reporters need to be seen asap; children reported by medical professionals need to be seen immediately
- Enhance the emHUB IT system and integrate with the current move towards Orchid.

COUNTY-WIDE RESPONSIBILITIES

- **Call-in Nurse-staffed advice line** for foster parents or other out of home placements; can connect to results of screening examinations to help stabilize child in placement
- **Create Leadership who understands the needs of providing forensic evaluations and ongoing care to foster children.** And who 1) establishes priorities 2) timelines for deliverables and 3) implements the standardized procedures and protocols and 4) routinely visits and monitors the needs of the HUB's.
- **HUB leadership should meet monthly with DCFS** leadership to discuss regional successes and problems.
- **Data needs to be collected** to document the impact of the HUBs on stability of placements; outcome and for children in terms of family reunification, preservation and rates of recidivism.

THE FUTURE

- Identify space in South County for another set of Children's Welcome Centers
- **Integrate appropriate and community-based prevention strategies.**
- Create a positive, service focused identity for each HUB as well as for the HUB's in general.
- **Improve communication between departments** and providers that does not require going up through the chain of command in order to speak to one another.
- **Integrate service delivery across all departments** to identify the best person for the job by assessing the existing work force.

VIP-LAC+USC MEDICAL CENTER

- As recognized by the BRC has space and a complete range of services both direct and supportive as well as mental health and providing the medical care and assessments for the CWC and YWC.
- Needs: additional professional staff to meet the needs of new protocols that provide walk-in immediate screenings and forensics for DCFS 24/7 as well as the growing population of children who are housed in the CWC and YWC each night.
- Shorten wait times the clinic waiting room.

INDIVIDUAL HUB ASSESSMENT

EAST SAN GABRIEL VALLEY

- **Is a satellite of the LAC+USC HUB and has appropriate and adequate space as well as on site mental health—**
- **Needs additional administrative and medical staff in order to help with the universal screening examinations and to build an effective medical home for foster children and at risk children in the ESGV.**

HIGH DESERT AMBULATORY HEALTH CENTER

- **Great Space;**
- **good administrative support,**
- **Needs medical leadership (currently being addressed).**
- **And Forensic professionals available every day for walk-in screening and forensic assessments.**
- **Additional medical staff needs to be identified to provide the ongoing medical home services to this population and creation of walk-in urgent care service for children in foster care.**
- **Need access the on-site mental health services and improved access to ongoing mental health for foster families.**

INDIVIDUAL HUB ASSESSMENT

OLIVEVIEW MEDICAL CENTER

- **Good medical leadership; administrative support has improved.**
- **Inadequate space at this time: Hospital administration has identified space in the past two weeks and is working to move clinic immediately into appropriate space.**
- **Staff: With new space comes the ability to expand service: need a dedicated staff i.e. NP right now who is not split between assignments. Also nursing etc. should be assigned to work only in HUB in order to accommodate walk-ins and screening examinations.**
- **Mental Health services need to be established.**

INDIVIDUAL HUB ASSESSMENT

HARBOR-UCLA MEDICAL CENTER

- **Great leadership and staff**
- **Inadequate space with only three exam rooms. (Note: DHS and Harbor UCLA leadership has identified new and more adequate space that will be available by Spring 2015)**
- **Mental Health: available within the Medical Center but no space to accommodate them within the HUB.**
- **Need to establish extended service hours until 8 p.m.**

INDIVIDUAL HUB ASSESSMENT

MARTIN LUTHER KING MEDICAL CENTER

- **Dedicated Staff** who form the foundation for expedited improvement of services; but clearly need more medical providers.
- **Need clear organizational chart with clear leadership both administrative and medical.**
- **Space needs upgrades in order to make it user, child friendly and to build universal screenings and forensics as well as a medical home.**
- **Need to create an effective special clinic for sexually exploited youth within the HUB (Has current CSEC protocol in place and has been accepting referrals as part of CSEC “First Responder” effort).**
- **Need Mental health services (working with DMH currently on resolving this problem).**
- **Need to extend hours until 8 pm to better serve the needs of DCFS.**